



**State of Connecticut  
Department of Banking  
Consumer Credit Division**  
260 Constitution Plaza, Hartford, CT 06103



**REQUEST FOR OFFICE CLOSURE FORM  
Debt Adjuster**

**Instructions:**

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.
2. Please return original license(s) to the Connecticut Department of Banking.

Request for closure will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Carmen Calderon at 860-240-8225 or via e-mail at [carmen.calderon@ct.gov](mailto:carmen.calderon@ct.gov).

License Number(s) \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Effective Date of Office Closure \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_